

Case Number:	CM15-0088844		
Date Assigned:	05/13/2015	Date of Injury:	11/17/2008
Decision Date:	06/16/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/08/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 55 year old female, who sustained an industrial injury on November 17, 2008. The injured worker was diagnosed as having pain in thoracic spine, cervicgia, lumbago, pain in shoulder joint. Treatment to date has included MRIs, x-rays, physical therapy, bracing, back surgery, external bone growth stimulation device, and medication. Currently, the injured worker complains of moderate pain in the lumbar spine and left wrist. The Primary Treating Physician's report dated April 16, 2015, noted the injured worker's cervical spine with range of motion (ROM) decreased 10-20 degrees in all directions with pain, positive Spurling's, and positive bilateral triggers. The left shoulder was noted to have pain with range of motion (ROM), positive Neer, positive Hawkins, and positive triggers. The treatment plan March 5, 2015, was noted to include a request for Functional Capacity Evaluation (FCE).

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Functional Capacity Evaluation (FCE) for Left Shoulder & Low Back: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chapter 7, Pages 137-8.

Decision rationale: Pursuant to the ACOEM, functional capacity evaluation is not medically necessary. The guidelines state the examiner is responsible for determining whether the impairment results from functional limitations and to inform the examinee and the employer about the examinee's abilities and limitations. The physician should state whether work restrictions are based on limited capacity, risk of harm or subjective examinees tolerance for the activity in question. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Guideline criteria functional capacity evaluations include prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modify job, the patient is close to maximum medical improvement, and clarification any additional secondary conditions. FCEs are not indicated when the sole purpose is to determine the worker's effort for compliance with the worker has returned to work and an ergonomic assessment has not been arranged. In this case, the injured worker's working diagnoses are cervicgia; pain in thoracic spine; lumbago; and pain in joint shoulder. The documentation indicates the injured worker returned to modified duty on December 18, 2014. The treatment plan, according to the March 5, 2015 progress note, states the injured worker is to have a functional capacity evaluation by [REDACTED] prior to P&S (permanent and stationary). The guidelines indicate functional capacity evaluations are recommended to translate medical impairment into functional limitations and determine work capability. Subjectively, the injured worker presents for follow-up of the lumbosacral spine and left wrist. He experiences constant severe pain. Objectively, cervical spine range of motion is decreased. The right and left shoulder have positive "triggers." There is a well-healed thoracolumbar scar overlying T10-S1. Range of motion is unable. The thoracolumbar brace as well. The assessment states the injured worker underwent T10-S1 instrumentation that was nonindustrial. It is unclear how the non-industrial thoracolumbar clinical findings impact the physical examination from March 5, 2015. The documentation indicates the worker returned to modified duty December 18, 2014. There are no unsuccessful return to work attempts or conflicting medical reports. There is little scientific evidence confirming functional capacity evaluations to predict an individual's actual capacity to perform in the workplace. For these reasons it is problematic to rely solely upon functional capacity evaluation results for determination of current work capabilities and restrictions. Based on clinical information in the medical record and the peer-reviewed evidence-based guidelines, a functional capacity evaluation is not medically necessary.